DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS

BUILDING AND LAND REGULATION ADMINISTRATION

Permit Service Center/Office of Planning

CHINATOWN DESIGN REVIEW APPLICATION

Date____

1. Address of Project:			2.Square:	3. Lot:
			4. Ward:	5. Zone
6. Name of Project:			7. Total Square Footage:	
8. Name of Owner:		9. Tel No.	10. Fax No.	
		11,E-mail		
12. Address of Owner:				13. Zip Code:
14. Name of Contact:			15. Tel	No.
16. Address of Contact:				
Chinatown Design - De objective of obtaining a Cl Downtown Historic Dis character and how Chines Gallery Place Project C including dimensions, mat	and elevations. Attach separate sheet if necessary scribe in words, and attached drawings, the Chininese design character for Washington's Chinatostrict - If the project is within the Downtown Hie design character is accommodated to achieve a Graphic Area - If the project is part of the Galle erials, and how it is innovative. Attach specificat	nese design features of the project. storic District, describe any his balance between historic preser ry Place Project, state what Sig	toric preservations c vation and Chinese d mage Area the graph	onstraints on Chinese design esign objectives. tic is in, describe the graphic
18.No. of Plans submitted Historic Fine Arts	19. Type of Project. Signs Awning Façade Renovation New Building Addition Alteration & Repair Other (describe)			20.Cost of Project \$
21.Applicant's Signature.			22. Date	
	OFFICIA	AL USE ONLY		
23. Reviewed By:	24. Ap			25. Start Date:
		•		
	Date	isapproved		
		rections required		26. End Date
	Date Oth	er		